

**2023 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**

**Section 5. Benefits**

**Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals**

**Durable Medical Equipment (DME)**

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**Note: For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.**

**Benefit Description**

**Durable Medical Equipment (DME)**

Durable medical equipment (DME) is equipment and supplies that are:

1. Prescribed by your attending physician (i.e., the physician who is treating your illness or injury);
2. Medically necessary;
3. Primarily and customarily used only for a medical purpose;
4. Generally useful only to a person with an illness or injury;
5. Designed for prolonged use; and
6. Used to serve a specific therapeutic purpose in the treatment of an illness or injury.

We cover rental or purchase of durable medical equipment, at our option, including repair and adjustment. Covered items include:

- Home dialysis equipment
- Oxygen equipment
- Hospital beds
- Wheelchairs
- Crutches
- Walkers
- Continuous passive motion (CPM) devices

- Dynamic orthotic cranioplasty (DOC) devices
- Insulin pumps
- Other items that we determine to be DME, such as compression stockings

Note: We cover DME at Preferred benefit levels only when you use a Preferred DME provider. Preferred physicians, facilities, and pharmacies are not necessarily Preferred DME providers.

**Standard Option - You Pay**

Preferred: 15% of the Plan allowance (deductible applies)

Participating: 35% of the Plan allowance (deductible applies)

Non-participating: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

Note: See Section 5(c) for our coverage of DME provided and billed by a facility.

**Basic Option - You Pay**

Preferred: 30% of the Plan allowance

Participating/Non-participating: You pay all charges

Note: See Section 5(c) for our coverage of DME provided and billed by a facility.

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**Benefit Description**

- Speech-generating devices, limited to \$1,250 per calendar year

**Standard Option - You Pay**

Any amount over \$1,250 per year (no deductible)

**Basic Option - You Pay**

Any amount over \$1,250 per year

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**Benefit Description**

*Not covered:*

- *Exercise and bathroom equipment*
- *Vehicle modifications, replacements, or upgrades*
- *Home modifications, upgrades, or additions*
- *Lifts, such as seat, chair, or van lifts*
- *Car seats*
- *Diabetic supplies, except as described in Section 5(f) or when Medicare Part B is primary*
- *Air conditioners, humidifiers, dehumidifiers, and purifiers*
- *Breast pumps, except as described on page [48](#)*
- *Communications equipment, devices, and aids (including computer equipment) such as “story boards” or other communication aids to assist communication-impaired individuals (except for speech-generating devices as listed above)*
- *Equipment for cosmetic purposes*
- *Topical Hyperbaric Oxygen Therapy (THBO)*
- *Charges associated with separate or extended warranties*

**Standard Option - You Pay**

*All charges*

**Basic Option - You Pay**

*All charges*